

For Agency Use
Application Number _____
Date Received _____

STATE OF MISSISSIPPI
OFFICE OF POLLUTION CONTROL
PO Box 2261
JACKSON, MISSISSIPPI 39225

APPLICATION FOR A STATE OPERATING PERMIT

(Please print or type)

1. Name of Applicant:															
2. Mailing Address of Applicant:															
Number & Street (P. O. Box):															
City:				State:				Zip:							
Telephone Number:															
3. Applicant's Authorized Agent:															
Name and Title:															
Number & Street (P. O. Box):															
City:				State:				Zip:							
Telephone Number:															
4. Facilities Location:															
Number & Street (P. O. Box):															
City:								County:							
Latitude (Deg., Min., Sec.):															
Longitude (Deg., Min., Sec.):															

5. Nature of Business:							
6. Location Map: (Provide as an attachment to this application)							
7. SIC CODES (4-digit, in order of priority)							
A. FIRST		B. SECOND					
C. THIRD		D. FOURTH					
8. Discharge Type and Occurrence:							
A. Type of Discharge:		Continuous; If Continuous					
	Gallons Per Day,		Batch				
B. Discharge Occurrence:		Days per Week					
C. Discharge Occurrence:							
	January		February		March		April
	May		June		July		August
	September		October		November		December
9. If Batch: A.		Thousand Gallons per Discharge					
B.		Hours per Day					
C.		Discharge Occurrence per Day					
10. Maximum Period of Flow: From			to				
		Month		Month			

11. Facility Water Use:	
Estimate average volume in thousand gallons per day for the following types of water usage at this facility.	
Noncontact Cooling:	
Boiler Feed:	
Process (Including Contact Cooling):	
Sanitary:	
Other:	
Total:	
12. List all Facility Discharges:	
Other water losses (surface water, product consumption, evaporation). Indicate volume in thousand gallons.	
13. Give narrative description of process(es) producing discharge, or in case of no discharge, that generates wastewater.	
14. List raw materials used:	

15. Effluent Characteristics:

A. You must provide the results of at least one analysis for every pollutant in this table. If your facility is a no discharge system, provide analysis of wastewater on samples obtained after primary treatment unit.

1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)		
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENT. RATION	b. MASS
	(1) CONCENT. RATION	(2) MASS	(1) CONCENT. RATION	(2) MASS	(1) CONCENT. RATION	(2) MASS			
a. Biochemical Oxygen Demand (BOD)									
b. Chemical Oxygen Demand (COD)									
c. Total Suspended Solids (TSS)									
d. Ammonia (as N)									
e. Flow	VALUE		VALUE		VALUE		VALUE		
f. Temperature (winter)	VALUE		VALUE		VALUE		VALUE		°C
g. Temperature (summer)	VALUE		VALUE		VALUE		VALUE		°C
h. pH	MIN	MAX	MIN	MAX	MIN	MAX			STANDARD UNITS

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (Use the same format) instead of completing these pages.

B. INTAKE AND EFFLUENT CHARACTERISTICS	OUTFALL NO.
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Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If your facility is a no discharge system, provide analysis for those parameters that are believed present on samples after primary treatment unit.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		
	A. BELIEVED PRESENT	B. BELIEVED ABSENT	A. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVERAGE VALUE (if available)		d. NO. OF ANALYSIS	a. CONCENTRATION	b. MASS
			(1) CONC.	(2) MASS	(1) CONC.	(2) MASS	(1) CONC.	(2) MASS			
i. Oil and Grease											

PART C - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If your facility is a no discharge system, provide analysis for those parameters believed present on samples obtained after primary treatment unit.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		
	A. BELIEVED PRESENT	B. BELIEVED ABSENT	A. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVERAGE VALUE (if available)		d. NO. OF ANALYSIS	a. CONCENTRATION	b. MASS
			(1) CONC.	(2) MASS	(1) CONC.	(2) MASS	(1) CONC.	(2) MASS			
METALS, CYANIDE, AND TOTAL PHENOLS											
1M. Antimony Total (7440-36-0)											
2M. Arsenic, Total (7440-38-2)											

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS	
	A. BELIEVED PRESENT	B. BELIEVED ABSENT	A. MAXIMUM DAILY VALUE		B. MAXIMUM 30 DAY VALUE (if available)		C. LONG TERM AVERAGE VALUE (if available)	D. NO. OF ANALYSIS	A. CONCENTRATION	B. MASS
			(1) CONC.	(2) MASS	(1) CONC.	(2) MASS				
3M. Beryllium Total (7440-41-7)										
4M. Cadmium, Total (7440-43-9)										
5M. Chromium, Total (7440-47-3)										
6M. Copper, Total (7440-50-8)										
7M. Lead, Total (7439-92-1)										
8M. Mercury, Total (7439-97-6)										
9M. Nickel, Total (7440-02-0)										
10M. Selenium, Total (7782-49-2)										
11M. Silver, Total (7440-22-4)										

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS	
	A. BELIEVED PRESENT	B. BELIEVED ABSENT	A. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVERAGE VALUE (if available)	d. NO. OF ANALYSIS	a. CONCENT. RATION	b. MASS
			(1) CONC.	(2) MASS	(1) CONC.	(2) MASS				
12M. Thallium, Total (7440-28-0)										
13M. Zinc, Total (7440-66-6)										
14M. Cyanide, Total (57-12-5)										
15M. Phenols, Total										
GC/MS FRACTION - VOLATILE COMPOUNDS										
1V. Acrolein (107-02-8)										
2V. Acrylonitrile (107-13-1)										
3V. Benzene (71-43-2)										
4V. Carbon Tetrachloride (56-23-5)										
5V. Chlorobenzene (108-90-7)										

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS	
	A. BELIEVED PRESENT	B. BELIEVED ABSENT	A. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVERAGE VALUE (if available)	d. NO. OF ANALYSIS	a. CONCENTRATION	b. MASS
			(1) CONC.	(2) MASS	(1) CONC.	(2) MASS				
6V. Chlorodi-bromo-methane (124-48-1)										
7V. Chloro-ethane (75-00-3)										
8V. 2-Chloro-ethyl-vinyl Ether (110-75-8)										
9V. Chloro-form (67-56-3)										
10V. Dichloro-bromo-methane (75-27-4)										
11V. 1,1-dichloro-1,1-difluoro-methane (75-71-8)										
12V. 1,1-Dichloro-ethane (75-34-3)										

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS	
	A. BELIEVED PRESENT	B. BELIEVED ABSENT	A. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVERAGE VALUE (if available)	d. NO. OF ANALYSIS	a. CONCENTRATION	b. MASS
			(1) CONC.	(2) MASS	(1) CONC.	(2) MASS				
13V. 1,2-Dichloroethane (107-06-2)										
14V. 1,1-Dichloroethylene (75-35-4)										
15V. 1,2-Dichloropropane (78-87-5)										
16V. 1,3-Dichloropropylene (542-75-6)										
17V. Ethylbenzene (100-41-4)										
18V. Methyl Bromide (74-83-9)										
19V. Methyl Chloride (74-87-3)										
20V. Methylene Chloride (75-09-2)										
21V. 1,1,2,2-Tetrachloroethane (79-34-5)										

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	A. BELIEVED PRESENT	B. BELIEVED ABSENT	A. MAXIMUM DAILY VALUE		B. MAXIMUM 30 DAY VALUE (if available)		C. LONG TERM AVERAGE VALUE (if available)	D. NO. OF ANALYSIS	A. CONCENTRATION	B. MASS
			(1) CONC.	(2) MASS	(1) CONC.	(2) MASS				
GC/MS FRACTION - VOLATILE COMPOUNDS (continued)										
22V. Tetra-chloro-ethylene (127-18-4)										
23V. Toluene (108-88-3)										
24V. 1,2-Trans-Dichloro-ethylene (156-60-5)										
25V. 1,1,1-Trichloro-ethane (71-55-6)										
26V. 1,1,2-Trichloro-ethane (79-00-5)										
27V. Trichloro-ethylene (79-01-6)										
28V. Trichloro-fluoro-methane (75-69-4)										
29V. Vinyl Chloride (75-01-4)										

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		
	A. BELIEVED PRESENT	B. BELIEVED ABSENT	A. MAXIMUM DAILY VALUE		B. MAXIMUM 30 DAY VALUE (if available)		C. LONG TERM AVERAGE VALUE (if available)		D. NO. OF ANALYSIS	A. CONCENTRATION	B. MASS
			(1) CONC.	(2) MASS	(1) CONC.	(2) MASS	(1) CONC.	(2) MASS			
GC/MS FRACTION - ACID COMPOUNDS											
1A. 2-Chlorophenol (95-57-8)											
2A. 2,4-Dichlorophenol (120-83-2)											
3A. 2,4-Dimethylphenol (105-67-9)											
4A. 4,6-Dinitro-O-Cresol (534-52-1)											
5A. 2,4-Dinitrophenol (51-28-5)											
6A. 2-Nitrophenol (88-75-5)											
7A. 4-Nitrophenol (100-02-7)											
8A. P-Chloro-M-Cresol (59-50-7)											

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	A. BELIEVED PRESENT	B. BELIEVED ABSENT	A. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVERAGE VALUE (if available)	d. NO. OF ANALYSIS	a. CONCENTRATION	b. MASS
			(1) CONC.	(2) MASS	(1) CONC.	(2) MASS				
9A. Penta-chloro-phenol (87-86-5)										
10A. Phenol (108-95-2)										
11A. 2,4,6-Trichloro-phenol (88-06-2)										
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS										
1B. Acenaphthene (83-32-9)										
2B. Acenaphthylene (208-96-8)										
3B. Anthracene (120-12-7)										
4B. Benzidine (92-87-5)										
5B. Benzo(a) Anthracene (56-55-3)										
6B. Benzo(a) Pyrene (50-32-8)										

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	A. BELIEVED PRESENT	B. BELIEVED ABSENT	A. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)	c. LONG TERM AVERAGE VALUE (if available)	d. NO. OF ANALYSIS	a. CONCENTRATION	b. MASS	
			(1) CONC.	(2) MASS						(1) CONC.
7B. 3,4-Benzofluoranthene (205-99-2)										
8B. Benzo (ghi) Perylene (191-24-2)										
9B. Benzo (k) Fluoranthene (207-08-9)										
10B. Bis (2-Chloroethoxy) Methane (111-91-1)										
11B. Bis (2-Chloroethyl) Ether (111-44-4)										
12B. Bis (2-Chloroisopropyl) Ether (102-60-1)										
13B. Bis (2-Ethylhexyl) Phthalate (117-81-7)										
14B. 4-Bromophenyl Phenyl Ether (101-55-3)										

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	A. BELIEVED PRESENT	B. BELIEVED ABSENT	A. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)	c. LONG TERM AVERAGE VALUE (if available)	d. NO. OF ANALYSIS	a. CONCENTRATION	b. MASS
			(1) CONC.	(2) MASS					
15B. Butyl Benzyl Phthalate (85-68-7)									
16B. 2-Chloro-naphthalene (91-58-7)									
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)									
18B. Chrysene (218-01-9)									
19B. Dibenzo (a,h) Anthracene (53-70-3)									
20B. 1,2-Dichloro-benzene (95-50-1)									
21B. 1,3-Dichloro-benzene (541-73-1)									
22B. 1,4-Dichloro-benzene (106-46-7)									

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	A. BELIEVED PRESENT	B. BELIEVED ABSENT	A. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVERAGE VALUE (if available)	d. NO. OF ANALYSIS	a. CONCENTRATION	b. MASS
			(1) CONC.	(2) MASS	(1) CONC.	(2) MASS				
23B. 3,3'-Dichloro-benzidine (91-94-1)										
24B. Diethyl Phthalate (84-66-2)										
25B. Dimethyl Phthalate (131-11-3)										
26B. Di-N-Butyl Phthalate (84-74-2)										
27B. 2,4-Dinitro-toluene (121-14-2)										
28B. 2,6-Dinitro-toluene (606-20-2)										
29B. Di-N-Octyl Phthalate (117-84-0)										
30B. 1,2-Diphenyl-hydrazine (as Azo-benzene) (122-66-7)										

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	A. BELIEVED PRESENT	B. BELIEVED ABSENT	A. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVERAGE VALUE (if available)	d. NO. OF ANALYSIS	a. CONCENTRATION	b. MASS
			(1) CONC.	(2) MASS	(1) CONC.	(2) MASS				
31B. Fluoranthene (206-44-0)										
32B. Fluorene (86-73-7)										
33B. Hexachlorobenzene (118-74-1)										
34B. Hexachlorobutadiene (87-68-3)										
35B. Hexachlorocyclopentadiene (77-47-4)										
36B. Hexachloroethane (67-72-1)										
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)										
38B. Iso-phorone (78-59-1)										
39B. Naphthalene (91-20-3)										

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			(1) CONC.	(2) MASS	(1) CONC.	(2) MASS	(1) CONC.	(2) MASS			
40B. Nitrobenzene (98-95-3)											
41B. N-Nitro Sodi-methylamine (62-75-9)											
42B. N-Nitrosodi-Propylamine (621-64-7)											
43B. N-Nitrosodi-phenylamine (86-30-6)											
44B. Phenanthrene (85-01-8)											
45B. Pyrene (129-00-0)											
46B. 1,2,4-Trichlorobenzene (120-82-1)											
GC/MS FRACTION - PESTICIDES											
1P. Aldrin (309-00-2)											
2P. α -BHC (319-84-6)											

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			(1) CONC.	(2) MASS	(1) CONC.	(2) MASS				
3P. β -BHC (319-85-7)										
4P. γ -BHC (58-89-9)										
5P. δ -BHC (319-86-8)										
6P. Chlordane (57-74-9)										
7P. 4,4'-DDT (50-29-3)										
8P. 4,4'-DDE (72-55-9)										
9P. 4,4'-DDD (72-54-8)										
10P. Dieldrin (60-57-1)										
11P. α -Endosulfan (115-29-7)										
12P. β -Endosulfan (115-29-7)										
13P. Endosulfan Sulfate (1031-07-8)										

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			(1) CONC.	(2) MASS	(1) CONC.	(2) MASS				
GC/MS FRACTION - PESTICIDES (continued)										
14P. Endrin (72-20-8)										
15P. Endrin Aldehyde (7421-93-4)										
16P. Hepta-chlor (76-44-8)										
17P. Hepta-chlor Epoxide (1024-57-3)										
18P. PCB-1242 (53469-21-9)										
19P. PCB-1254 (11097-69-1)										
20P. PCB-1221 (11104-28-2)										
21P. PCB-1232 (11141-16-5)										

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	(1) CONC.	(2) MASS	(1) CONC.	(2) MASS	(1) CONC.	(2) MASS	(1) CONC.	(2) MASS
GC/MS FRACTION PESTICIDES (continued)								
22P. PCB-1248 (12672-29-6)								
23P. PCB-1260 (11096-82-5)								
24P. PCB-1016 (12674-11-2)								
25P. Toxaphene (8001-35-2)								

16. Treatment Units:

A. Do you provide treatment for your wastewater? Yes No

B. If yes, list and describe each treatment unit and attach a line schematic of the treatment system indicating each treatment unit and a water balance.

17. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item 17 performed by a contract laboratory or consulting firm?

YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

NO (go to Item 18)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)

18. I certify that I am familiar with the information contained in this application and that to the best of my knowledge and belief such information is true and correct.

Printed Name of Applicant's Authorized Agent
Title and/or Owner

Title

Date Application Signed

Signature of Authorized Agent and/or 1
Owner